

# APPENDIX B. FORM 13-1 HHSA

COUNTY OF SAN DIEGO

HEALTH AND HUMAN SERVICES AGENCY

## SSI ADVOCACY SERVICES COMMUNICATION FORM

TO:	FROM:	DATE:
		Telephone:
<b>CONSUMER INFORMATION</b>		
Name:	Case #:	SSN:
Date of Birth:	Telephone #:	# in Household:
Street:	City:	Zip:
<input type="checkbox"/> Mandatory Referral <input type="checkbox"/> Voluntary Referral <input type="checkbox"/> Active to Mental Health Services/County Medical Services <input type="checkbox"/> Referred by County Human Services Specialist <input type="checkbox"/> Referred by Other Agency. Indicate source of referral: _____  Other Referral Information _____		
<b>INTERIM ASSISTANCE PROGRAM - RELEASE OF INFORMATION - SSI ADVOCACY SERVICE APPOINTMENT</b>		
The Interim Assistance Program (IAP) requires that individuals who may be eligible for SSI/SSP apply. If you may be eligible to SSI/SSP, the IAP also requires a referral for SSI Advocacy Services to help you in applying for SSI/SSP. SSI Advocacy Services are free to you. Case information necessary for the SSI Advocates to assist you will be released to them. It will not be shared with others without your permission.  I agree to cooperate with the SSI Advocate and agree to the conditions of the IAP.  Signature: _____ Date: _____		
You are scheduled for an SSI Advocacy Services appointment on: _____ (Date) at _____ AM/PM at _____ (location)		
<b>SSI INFORMATION</b>		
<input type="checkbox"/> SSI Application filed: _____ <input type="checkbox"/> Verification provided to HSS on: _____ <input type="checkbox"/> SSI Application needed. <input type="checkbox"/> Verification of application needed by: _____ <input type="checkbox"/> Previously non-cooperative with SSI. <input type="checkbox"/> Cooperative with SSI <input type="checkbox"/> Non-cooperative with SSI (Explain below) <input type="checkbox"/> Initial SSI application denied on: _____ <input type="checkbox"/> SSI reconsideration denied on: _____ <input type="checkbox"/> SSI appeal denied on: _____ <input type="checkbox"/> SSI awarded on: _____, effective _____. Comments _____		
<b>GENERAL RELIEF / CAPI STATUS</b>		
<input type="checkbox"/> Pending <input type="checkbox"/> Granted <input type="checkbox"/> Documentation Attached		
<b>SSI ADVOCACY SERVICES INFORMATION</b>		
<input type="checkbox"/> Previously non-cooperative with advocate <input type="checkbox"/> Cooperative with advocate <input type="checkbox"/> Non-cooperative with advocate (Explain below) <input type="checkbox"/> No qualifying SSI disability (Explain below) <input type="checkbox"/> Successful SSI appeal unlikely (Explain below) Comments _____ _____		